

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-975)

SERIAL NO.

FILED DATE

APPLICANT(S)

09/R69067

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51	
2						52	
3						53	
4						54	
5						55	
6						56	
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44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL						TOTAL	
IND.						IND.	
DEP.						DEP.	
TOTAL						TOTAL	
CLAIMS						CLAIMS	

BEST AVAILABLE COPY

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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